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### PART-IIA

#### GOVERNMENT OF MEGHALAYA

#### NOTIFICATIONS

The 28<sup>th</sup> February, 2025.

**No.SYA.10/2025/1.** - The Governor of Meghalaya is pleased to notify the Guidelines under the Grant in Aid Scheme for the Promotion and Development of Sports in Meghalaya.

**VIJAY KUMAR D.,**

Commissioner and Secretary to the Government of Meghalaya,  
Sports and Youth Affairs Department.

#### Contents in the Grant in Aid Scheme for the Promotion and Development of Sports in Meghalaya

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## 1. Introduction

The Sports Policy of Meghalaya notified in 2019 and the subsequent release of the Meghalaya Sports Action Plan aims at promoting active participation in sports and physical activity as the central premise to Meghalaya's culture, ethos and way of life and to achieve laurels for the State and the Nation.

The constituted State Sports Associations, the Meghalaya State Olympic Association and other entities involved in the development and promotion of sports are the key stakeholders of the Sports ecosystem of the State. They are the custodians of the Olympic movement in the State and the promotion and development of the various sporting disciplines is their key mandate. They play a vital role in the creation of talent pipelines by providing the requisite technical workforce and conducting discipline specific competitions (regional/national/international) and monitoring performances. They also create and maintain athlete and athlete specific performance data base of individual sports disciplines.

This Scheme has been notified to provide these stakeholders to receive financial aid to promote their respective sport(s) under an accountable and incentivized framework.

## 2. Eligible Entities

Through this Grant-in-aid scheme, the Department of Sports & Youth Affairs shall extend financial aid to:

- a. The Meghalaya State Olympic Association (MSOA).
- b. Various registered State Sports Associations (SSA's) recognized and affiliated with the Meghalaya State Olympic Association and their Respective National Sports Federations (NSF's).
  - The SSA's should have a properly constituted executive committee with its powers, duties and responsibilities clearly defined and laid down in a written constitution.
  - The aims and objects of the SSA should be relatable to the objectives of their parent NSF and the IOA / Olympic Charter.
  - SSAs that are under any disciplinary audit/Administration by their NSF or State/Central Government, or a Judiciary, would not be eligible to apply until the matter is officially resolved.
  - It should be an organization whose accounts are regularly audited either by internal or outside auditors.
  - It should be open to all citizens of State and the Country without any distinction of religion, race, caste, language, or any other form of discrimination.
  - The organization should be in a sound financial position, and it should have the capability of executing programmes effectively and smoothly. A minimum annual expenditure on items of recurring nature of the order of ₹ 50,000/- approximately during each of the last 3 years would, interalia, be considered indicative in this respect.
- c. Sports Clubs and registered societies that are involved in sports development and promotion
  - These Clubs/societies must be operational for more than six months and whose primary mandate is the promotion of sport(s).
  - Organisations that have any office-bearing members that have been convicted of a crime/undergoing criminal investigation would not be eligible to apply.
- d. Educational Institutions:
  - All Primary/Secondary Schools (Government & Private).
  - All Colleges/Universities (Government & Private).
  - Vocational/Technical training Institutes (with more than 500 students)
  - Education Trusts that have a registered office in Meghalaya for more than six months and whose primary mandate is the promotion of sport(s).

All organisations eligible under the scheme will additionally be required to register under the State Sports Registry when released by the Department.

### 3. Nature and Quantum of Activities/Projects eligible for Financial Assistance

Eligible entities may submit applications in the Format mentioned in Annexure 1. The financial aid shall be made available for the following activities:

S.No	Activity/Project/Programme	Description/Quantum of Assistance (Yearly)
1	Fielding Teams for Participation in Tournaments and Competitions	a. Includes registration/administrative fees for the tournament and lodging (if not provided by the organisers of the tournament) b. Cost of economy air fare/AC tier 2 Train Fare for all age categories competitions c. Local Transportation charges shall be reimbursed on actuals (the organisers of the tournaments are expected to plan and scope for other arrangements) d. Procurement of Athlete Kits/Uniforms/Shoes/Track Suits etc.
2	Planning, Organisation and conduct of Competitions and Tournaments	a. Cost of planning, organisation and hosting of Regional/National Level Competitions and Tournaments b. Cost of planning, organisation and hosting of international competitions and tournaments c. Cost of planning and organisation of Block/District/State Level Tournaments *Any national/international event must be brought to the Government at least 6 months before the event.
3	Maintenance and Management of Sports Centres and Academies	Sports Associations/Entities running single sport/multi-sport grassroot and advanced level centres may submit proposals for: a. Infrastructure upkeep costs – property lease costs/electricity/water etc. b. Remuneration of workforce at the centres c. Repair and maintenance of sports specific infrastructure such as FoP upkeep, permanent sports installation repair etc. (excluding centre civil works) *This will not apply to infrastructure given by the department or District Sports Promotion Societies (DSPS) to an organisation to run under the Infrastructure Development Plan, 2024.
4	Procurement of sports material	Sports Associations/Entities that wish to procure sports equipment and consumables for running their block/district/state level academies/centres
5	Engaging Services of Technical Workforce	Sport Associations/Entities may submit proposals for engaging the services of: a. Foreign coaches - • Candidate should have diploma in Coaching from any recognized Foreign University and should have represented his/her nation in Olympics/World Cup/World Championship,

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S.No	Activity/Project/Programme	Description/Quantum of Assistance (Yearly)
		<ul style="list-style-type: none"> <li>• Certificate Course from concerned National/International Federation is a must.</li> <li>• Minimum 10 years of experience of coaching is required.</li> </ul> <p>b. <u>High Performance Coach/Specialist/Director</u> –</p> <ul style="list-style-type: none"> <li>• Candidate should have a Master in Sports (MSI/PHD/MBA) with at least 10 Years of Experience or be an eminent athlete having represented India or any other nation in Senior Category with at least 5 Years of sports management/ Research experience</li> </ul> <p>c. <u>Head Coaches:</u></p> <ul style="list-style-type: none"> <li>• Candidate should have diploma in Coaching from SAI/NS NIS or from any other recognized Indian/Foreign University and should have represented India in Olympics/World Cup/World Championship.</li> <li>• Certificate Course from concerned National/International Federation is a must.</li> <li>• Minimum 10 years of experience of coaching is required. Or Experience in Coaching with Senior/Junior Indian teams or Decoration of Dronacharya/Arjuna/Dhyan Chand Award or who have produced medallists in International Competitions.</li> </ul> <p>d. <u>Assistant Head Coach:</u></p> <ul style="list-style-type: none"> <li>• Candidate should have diploma in Coaching from SAI/NS NIS or from any other recognized Indian/Foreign University</li> <li>• Certificate Course from concerned National/International Federation is a must.</li> <li>• Minimum 5 years of experience of coaching is required.</li> </ul> <p>e. <u>Physiotherapists/Physiologists/Psychologists/Nutritionists/Video Analysts/Masseurs</u></p> <ul style="list-style-type: none"> <li>• Financial Assistance for a Full-Time position (minimum 2 Years of Experience)</li> <li>• Reimbursement per visit/session</li> </ul>
6	Coaching camps, clinics and workshops	<p>Sport Associations/Entities may submit proposals for the planning and organisation of training camps, preparatory coaching camps and clinics, athlete workshops etc. Financial Assistance shall be extended for:</p> <ul style="list-style-type: none"> <li>• Venue/Facility/Infrastructure rental and operating costs</li> <li>• Logistical/Catering costs</li> <li>• Sports Equipment and Sports Consumables</li> <li>• Engagement of part time technical workforce</li> </ul>
7	Talent identification and development camps and workshops	<p>Sports Associations/Entities may submit proposals for the planning and conduct of talent identification workshops and camps, financial assistance shall be extended for:</p> <ul style="list-style-type: none"> <li>• Venue/Facility/Infrastructure rental and operating costs</li> <li>• Logistical/Catering costs</li> <li>• Sports Equipment and Sports Consumables</li> </ul>

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S.No	Activity/Project/Programme	Description/Quantum of Assistance (Yearly)
		<ul style="list-style-type: none"> <li>Engagement of part time technical workforce</li> </ul> <p>*The Sports Associations/Entities will be required to liaison with the DSOs of the District and Scouting Base Camps (where available) to conduct such camps/workshops.</p> <p>Sports Associations/Entities may submit proposals for organising athlete/technical workforce exposure programmes, financial assistance shall be extended for:</p> <ul style="list-style-type: none"> <li>Economy Air Fare/ Ac Tier 2 Train Fare</li> <li>Accommodation and Logistics costs</li> <li>Affiliation/registration fee to partner entity</li> <li>Procurement of uniforms/track suits etc.</li> </ul> <p>Sports Associations/Entities may submit proposals for enrolment of technical workforce in various domestic and international capacity building/augmentation/upskilling programmes/workshops/licenses programmes etc.</p> <p>The Department of Sports &amp; Youth Affairs in its effort to ensure equitable access to formal and informal sport in the State, encourages Sports associations/entities to expand their network of block/district level associations in the State. Financial assistance shall be extended for expansion of affiliate associations and networks in the State. Preference would be given for expansion proposals in the Garo hills/Jaintia hills regions.</p> <p>*Specific funding for the running of District Sports Associations under the same guidelines may also be submitted by the Sports Associations.</p> <p>To encourage adoption of a professional approach in sports administration and management, the Department of Sports &amp; Youth Affairs shall extend financial support to sports associations/entities for recruitment of sports management professionals for sports administration and governance.</p> <p>Medical Insurance and Personalised Accident Policy (disability/death) for active elite level athletes who have represented India in various international competitions and tournaments shall be made available for eligible athletes through their respective sports associations.</p>
8	National/International exposure programmes	
9	Continuing Professional Development (CPD)	
10	Increase in Network of affiliated associations	
11	Sports Administration	
12	Medical Insurance	

- Applications should be submitted minimum 3 months prior to the date of commencement of the competition/project/activity
- The Department shall provide complete or partial funding based on the case of the application.
- Periodical review of the physical and financial performances of the grant availing entity shall be conducted.

### Evaluation of Applications

All applications shall be submitted to the Director, Sports and Youth Affairs, in a format as notified by the Department.

Applications under Rs. 10 Lakhs shall be vetted and approved by a Directorate Level Committee, with the following members:

S.No.	Designation	Role
1	Director, Sports and Youth Affairs	Chairperson
2	Deputy Director, Sports and Youth Affairs	Member
3	Assistant Director, Sports and Youth Affairs (senior)	Member
4	Assistant Director, Sports and Youth Affairs (junior)	Member Secretary
5	Sports Officer (HQ)	Member

Applications equal to or above Rs. 10 Lakhs shall be evaluated by a Department Level Committee, with the following members:

S.No.	Designation	Role
1	Secretary, Sports and Youth Affairs	Chairperson
2	Jt. Secretary, Sports and Youth Affairs	Member Secretary
3	Director, Sports and Youth Affairs	Member
4	Deputy Director, Sports and Youth Affairs	Member
5	Finance and Accounts Officer, Sports and Youth Affairs	Member

### Funding to the Meghalaya State Olympic Association:

Each year, based on the available budget, a corpus grant to the Meghalaya State Olympic Association shall be approved by the department based on a plan submitted by the MSOA. This yearly grant is subject to the MSOA remaining in close cooperation with the Department and ensuring all relevant compliances with the Indian Olympic Association (or any National Olympic Body recognised by the Ministry of Youth Affairs and Sports). The Department reserves the right to withdraw funding at its discretion in case of non-compliance or non-cooperation with the Department in any matters.

### 4. Conditions of the Grant in Aid

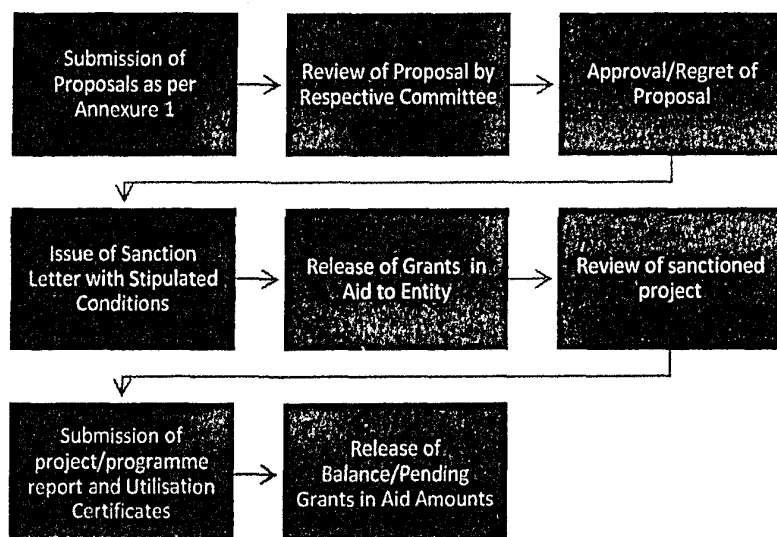
- All Grants in aid shall be subject to the availability of funds.
- Each year, the Directorate of Sports and Youth Affairs shall withdraw a corpus fund as approved by the Department for disbursement of funds.

- c. Further, the Department shall evaluate the approved budget each year and allocate a maximum limit for quarterly/yearly grants provided to each eligible group of entities (Sports Associations, Educational Institutions, etc.). All applications shall be considered on a first come first served basis.
- d. Grant-in-aid shall be used for the purpose for which sanction is given. A utilization certificate shall be furnished by the entity concerned that the grant-in-aid has been utilized for the purpose for which it was sanctioned.
- e. A Utilization Certificate as per Annexure 2 in respect of the total grant-in-aid paid duly countersigned by a Chartered Accountant shall be furnished to the Department of Sports & Youth Affairs within three months of the expiry of the time period for which grant-in-aid was released, along with vouchers/salary slips (where relevant).
- f. the activity for which a grant is sanctioned shall be completed within the time limit specified in the sanction letter.
- g. The entity should maintain an account with a bank in its name and not of an individual whether by name or designation. The accounts should be operated jointly by two office bearers. The amount of grant-in-aid released shall be credited to the account of the entity only.
- h. The entity must exercise reasonable economy in the implementation of the approved project/programme.
- i. The entity shall submit progress reports and any other relevant information to the department on the implementation of the programmes.
- j. An officer/authorized representative of the department shall physically conduct checks and inspections on the sanctioned project/programme of the entity.
- k. The accounts of the entity concerned shall be open to audit check by the representatives from the department's Internal Audit Division.
- l. Any unspent balance out of the sanctioned grant under this scheme shall be credited to the Department's account, in accordance with the instructions that may be given in this regard in the sanction letter.
- m. The grant shall not be transferred to another entity or activity without the prior permission of the sanctioning authority.
- n. Adequate effort must be made by the entity to publicize and promote the programme through social media and other traditional medium.
- o. Branded material for the programme as provided by the department should be utilised in the approved programmes and activities.
- p. One year after the Effective Date (mentioned below) onwards, the Department may choose to allow State Sports Associations through a grading mechanism to submit "Annual Grant Requests" with more freedom to use funds at their discretion. This will be based on:
  - The Entity's successful completion of all projects for which grants were applied.
  - Compliance with all terms and conditions laid out in the scheme.
  - Public Declaration of an Annual Action Plan.

Other terms and conditions outlined would still apply to such grants. The Department reserves the right to withdraw this privilege at their discretion.

- q. The Department reserves the right to evaluate exceptions to the above rules at their discretion with regards to exceptional proposals.

## 5. Process of Application and Sanction of Grant in Aid



## 6. Effective Date

The effective date of the scheme is 1<sup>st</sup> January, 2025

## 7. Annexures

### Annexure – 1

Application – Grant in aid Scheme for Sports Associations		
Particular	Description	Format
Letter of Intent	Letter signed by Authorised Head of the Entity citing the activity in line with eligible activities	Signed Letter with Entity Stamp
Proof of Eligibility	Relevant Documents proving the eligibility of the entity	Documents/Letters (as applicable)
Details of Project	Short description of the activity to be undertaken with the grant as well as: <ul style="list-style-type: none"> <li>• Execution Plan</li> <li>• Impact Estimated</li> <li>• Breakdown of Fund Utilisation</li> </ul>	Report
Details of Transaction	<ul style="list-style-type: none"> <li>• Bank Details</li> <li>• Names of Account Holders (and relation to entity)</li> </ul>	Copy of Cancelled Cheque/Passbook (with details for transfer and attested by Account Holders, with details requested)

### Annexure – 2

Utilisation Documentation		
Particular	Description	Format
Cover Letter	Letter signed by Authorised Head of the Entity	Signed Letter with Entity Stamp
Utilisation Certificate	Financial Utilisation attested by Treasurer/Chartered Accountant/Audit Team	Document
Vouchers/Bills	Any Vouchers/Bills etc. corresponding to the project (where applicable)	Original Bills/Vouchers
Final Project Report	<ul style="list-style-type: none"> <li>• Activity</li> <li>• Outcome</li> <li>• Documentation (Video/Picture/Social Media/Press) where relevant</li> </ul>	Document with Pictures/Videos where relevant

The 5<sup>th</sup> March, 2025.

**No.HPL. 60/2025/62.** - In pursuance of the directives of the Hon'ble Supreme Court of India dated 9<sup>th</sup> of December, 2024, in **Criminal Appeal Nos. 2831 and 2832 of 2023 (State of Maharashtra & Ors. vs. Pradeep Yashwant Kokade & Anr.)**, the following directives are hereby issued for immediate implementation by the Home (Police) Department, Government of Meghalaya:

**1. Constitution of Dedicated Mercy Petition Cell (MPC):**

- (i) A Dedicated Mercy Petition Cell (MPC) is hereby established under the Home (Police) Department, Government of Meghalaya, with immediate effect.
- (ii) **Officer-in-Charge (OIC):** Smti. D. D. Syngai, MCS, Deputy Secretary to the Govt. of Meghalaya, Home (Police) Department, is designated as the Nodal Officer and Officer-in-Charge. Their responsibilities include:-
  - a. Prompt processing of mercy petitions under Articles 72/161 of the Constitution.
  - b. Coordination with prisons, police stations, and constitutional authorities.
- (iii) **Legal Member:** Smti. L. A. Lyndem, Deputy Secretary to the Govt. of Meghalaya, Law Department, is designated as the member attached to the Mercy Petition Cell (MPC) for legal vetting and counsel.

**2. Communication Protocol:**

- (i) All District Prisons & Correctional Home in Meghalaya (Shillong, Tura, Jowai, Nongpoh and Williamnagar) shall be notified of the contact details of the Officer-In-Charge which is stated below:
  - > Address: Room No. 506, Additional Secretariat Building (Top - Floor), Shillong.
  - > Email: dd.syngai@meghalaya.gov.in
- (ii) Correspondence shall be *via* email unless confidentiality necessitates physical communication.

**3. Procedure for Handling Mercy Petitions (As per Para 43(ii)(D)-(H) of the Judgment):**

- (i) On receipt of a mercy petition, the Superintendent of the District Prisons & Correctional Home shall:
  - > Forward copies to the Dedicated Cell within 24 hours.
  - > Request the following from the concerned Police Station:
    - a. Criminal antecedents of the convict.
    - b. Information about family members of the convict;
    - c. Economic condition of the convict and his/her family;
    - d. The Date of arrest of the Convict and the period of incarceration as an undertrial; and,
    - e. The date of filing of Charge-sheet and a copy of the Committal Order, if any.
- (ii) **Police Station Obligation:** The Officer-in-Charge of the Police Station shall furnish the above details immediately to the jail authorities.

- (iv) On receipt of the said information, without any delay, the jail authorities shall forward the following documents to the officer-in-charge of the dedicated cell and the Secretary of Home (Police) Department of the State Government:
- Information furnished as aforesaid by the concerned Police Station with its English translation (if in Khasi/Garo);
  - Copy of the First Information Report with its English translation;
  - Details, such as date of arrest of the convict, date of filing of charge sheet and actual period of incarceration undergone by the convict;
  - A copy of the committal order, if any, passed by the learned Judicial Magistrate;
  - A copy of charge-sheet with its English translation;
  - Report about the conduct of the convict in prison;
  - Copies of the notes of evidence, all exhibited documents in the trial and copies of statements of convicts under Section 313 of the CrPC with its English translation;
  - Copies of the judgments of the Sessions Court (with its English translation, if it is in vernacular language), High Court and the Supreme Court.
- (v) Immediately upon receipt by the Mercy Petition Cell (MPC), copies of the mercy petition along with the complete dossier of supporting documents shall be forwarded to the appropriate Secretariat, namely:
- The Secretariat of the Hon'ble Governor of the State for matters invoking Article 161; or
  - The Secretariat of the Hon'ble President of India for matters invoking Article 72.
- All correspondence related to the transmission of these documents shall be conducted primarily *via* email, except where confidentiality is warranted.
- (vi) All concerned personnel and Departments are to ensure strict compliance to these directives as mandated by the Hon'ble Supreme Court of India.

This notification shall come into force with immediate effect.

**C. V. D. DIENGDOH,**

Commissioner & Secretary to the Govt. of Meghalaya,  
Home (Police) Department.

The 4<sup>th</sup> March, 2025.

**No.HPL.29/2016/Pt./4.** - In the interest of public service, the Governor of Meghalaya is pleased to approve the creation of Mawryngkneng Fire Service Station in East Khasi Hills District.

**C. V. D. DIENGDOH,**

Commissioner & Secretary to the Govt. of Meghalaya,  
Home (Police) Department.

The 4<sup>th</sup> March, 2025.

**No.RDS.16/2018/Pt.I/122.** - In exercise of the power conferred under Section 11(d) (i) of the Meghalaya Transfer of Land (Regulation) Act, 1971, the Governor of Meghalaya is pleased to specify the **Indian Oil Corporation Limited** as a Company to which provisions of the said Act, shall not apply in relation to transfer of land measuring **1B - 0K - 0L** (more or less) located at Ghasuragaon, South West Garo Hills District covered by Periodic Patta No. 327, Dag No. 627 under Mouza No. VII-3 (and more fully described in the Schedule below) by way of lease for a period of 30 (thirty) years from Shri London Koch to the Indian Oil Corporation Limited for the purpose of setting up of retail outlet.

#### **SCHEDULE OF BOUDARIES**

North : Village Road

East : PWD Road

South : PWD Road

West : Land of Shri London Koch.

Joint Secretary to the Govt. of Meghalaya,  
Revenue & Disaster Management Department.

The 4<sup>th</sup> March, 2025.

**No.RDA.30/2024/74.** - In exercise of the powers conferred under section 11 (d) (i) of the Meghalaya Transfer of Land (Regulation) Act, 1971 (Act I of 1972) as amended the Government of Meghalaya is pleased to accord approval for the transfer of land by direct purchase measuring 37,993.75 square metres located at Lawdibah and Sohmynthar Village for additional land requirement to National Highways & Infrastructure Development Corporation Ltd. (NHIDCL) in between Km. 22+000 to 23+400 for the purpose of Up-gradation to a 2-Lane Standard of Nongstoin-Rambrai-Kyrshai Road Section-1.

Commissioner & Secretary to the Govt. of Meghalaya,  
Revenue & Disaster Management Department.



The 31<sup>st</sup> October, 2024.

**No.AGRI (SCH) 7/2016/Pt/200.** - In order to support the farmers of the State for enabling them to leverage the scheme for increasing the irrigation area in the State, the Governor of Meghalaya is pleased to provide the assistance for farmers under scheme of Per Drop More Crop (PDMC) under RKVY as indicated below:

Sl. No.	Intervention Type	Govt. of India's Share	State Govt.'s top up (subsidy)	Farmers' Share
1	Micro Irrigation (Drip Irrigation System/Sprinkler Irrigation System)	55%	40%	5%
2	Other Intervention activities (creation of water source)	50%	40%	10%

**VIJAY KUMAR D.,**

Commissioner & Secretary to the Govt. of Meghalaya,  
Department of Agriculture & Farmers Welfare.

The 6<sup>th</sup> March, 2025.

**No.UAU.24/2025/15.** - The Governor of Meghalaya is pleased to notify the Meghalaya Parking Policy for Urban Areas, 2025 to mitigate all issues concerning to parking and traffic congestion.

The Policy outlines the State's Vision and provides a framework for preparation, approval and implementation of parking reforms, to make the city more organized and congestion free.

**This Policy will come into force with effect from 6<sup>th</sup> March, 2025.**

**VIJAY KUMAR D,**

Commissioner & Secretary to the Govt. of Meghalaya,  
Urban Affairs Department.

The 26th February, 2025.

**No.Health.251/2017/116.** - In exercise of the powers conferred by section 30 of the Registration of Births and Deaths Act, 1969 (Act No. 18 of 1969), the Government of Meghalaya with the approval of the Central Government, hereby frames the Registration of Births and Deaths (Amendment) Rules, 2025 to amend the Meghalaya Registration of Births and Deaths Rules, 1999 namely:-

1. (1) These rules may be called the Meghalaya Registration of Births and Deaths (Amendment) Rules, 2025.  
  
(2) They shall come into force at once.
2. In the Meghalaya Registration of Births and Deaths Rules, 1999 (hereinafter referred to as the principal rules), in rule 5, after sub-rule (4), the following new sub-rules shall be inserted, namely:-  
  
“(5) Name, wherever it occurs, in Forms referred to in these Rules shall be provided in the format of (first name) (middle name) (last name) and the name shall not contain any abbreviations.  
  
(6) Date, wherever it occurs, in Forms referred to in these Rules shall be provided in the format of dd-mm-yyyy, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits.  
  
(7) The address, wherever it occurs, in Forms referred to in these Rules shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.”.
3. The existing rule 7 of the principal rules, shall be substituted as follows -”7. Form of Medical Certificate under sub-sections (2) and (3) of Section 10.- The Medical Certificate as to the cause of death, including the history illness, if any, required under sub-sections (2) and (3) of Section 10 shall be issued in Form No.4 and 4A respectively after making necessary entries in the register of births and deaths, be forwarded to the Chief Registrar or the officer specified by him in this behalf by the 10th of the month immediately following the month to which the certificates relate.”
4. The existing rule 8 of the principal rules, shall be substituted as follows -”8. Certificate of registration of births and deaths to be given under Section 12.- (1) The Certificate of birth and death extracted from the register relating to births and deaths shall be given to an informant electronically or otherwise under Section 12 in respective form appended to Schedule IV.  
  
(2) In the case of domiciliary events of births and deaths, as the case may be, referred to in clause (a), (aa), (ab) and (ac) of sub-section-(1) of Section 8 which are reported direct to the Registrar of Births and Deaths, the head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house, or, in his absence the oldest adult person present, the adoptive parents, the parent, and the biological parent, as the case may be, may obtain electronically or otherwise the certificate of birth and death from the Registrar within thirty days of its reporting.

(3) In the case of domiciliary events of births and deaths referred to in clause (a) of sub-section (1) of Section 8 which are reported by persons specified by the State Government under sub-section (2) or the said Section, the person so specified shall transmit electronically or otherwise the certificate received from the Registrar of Births and Deaths to the concerned head of the house or household, as the case may be, or, in his absence, the nearest relative of the head present in the house or, in his absence, the oldest adult person present within thirty days of its issue by the Registrar.

(4) In case of institutional events of births and deaths, as the case may be, referred to in clauses (b) to (e) and (da), (db) and (dc) of sub-section (1) of Section 8, the nearest relative of the newborn or deceased may obtain electronically or otherwise the certificate from the officer or person in-charge of the institution concerned, within thirty days of the occurrence of the event of births or deaths.

(5) If the certificate of birth or death is not collected by the concerned person as referred to in sub-rules (2) to (4) within the period stipulated therein, the Registrar or the officer, or person in-charge of the concerned institution as referred to in sub-rule (4) shall transmit the same to the concerned family by post within fifteen days of the expiry of the aforesaid period."

**5.** In rule 9 of the principal rules, -

- (a) in sub-rule (1), for the words "rupee two", the words "twenty rupees" shall be substituted.
- (b) for sub-rules (2) and (3), the following sub-rules shall be substituted, namely:-

"(2) Any birth or death of which delayed information is given to the Registrar after thirty days but within one year of its occurrence, shall be registered only with the written permission of the District Registrar or the officer prescribed in this behalf and on payment of a late fee of fifty rupees and on production of self-attested document, electronically or otherwise, in Form No. 14.

(3) Any birth or death of which delayed information is given to the Registrar after one year of its occurrence, shall be registered only on an Order made by a District Magistrate or Sub-Divisional Magistrate or by an Executive Magistrate authorized by the District Magistrate, having jurisdiction over the area where the birth or death has taken place and on payment of a late fee of one hundred rupees."

**6.** In rule 12 of the principal rules, after the word "Form", the figures and letters "No. 1 & 1 A, 2 and 3" shall be inserted.

**7.** In rule 13 of the principal rules, -

- (a) For the existing sub-rule (1), the following new sub-rule shall be substituted-

"(1) The fees payable for a search to be made, a certificate of birth and death or a non-availability certificate to be issued under Section 17, electronically or otherwise shall be as follows:-

- 
- (a) Search for a single entry in the first year for which the search Rupees 20.00 is made -
- (b) For every additional year for which the search is continued. Rupees 20.00
- (c) For granting certificate relating to each birth or death. Rupees 50.00
- (d) For granting Non-Availability Certificate of Birth or Death. Rupees 20.00
- (e) For granting additional copy of extract of Birth or 'Death. Rupees 20.00 (each)"
- (b) in sub-rule (2), for the words "extract in regard to a birth or death shall be issued", the words and figures "certificate on the basis of extract from the register relating to birth or death shall be issued under section 17," shall be substituted..
- (c) in sub-rule (4), for the word "extracts", the word "certificate" shall be substituted.
- 8.** In rule 16 of the principal rules, for sub-rule (2), the following sub-rule shall be substituted, namely: -
- "(2) Any such offence may be compounded on payment of such sum, not exceeding two hundred and fifty rupees for offences under sub-sections (1), (2) and (4), fifty rupees for offences under sub-section (3), and one thousand rupees in respect of each birth or death for offences under sub-sections (1 A) and (4A) of section 23, as the said officer may think fit."
- 9.** After rule 16 of the principal rules, the following rule shall be inserted, namely :—
- "16A. Appeal. — An appeal\* under sub-section (1) of section 25A shall be preferred in Form No. 15."
- 10.** In rule 17 of the principal rules, -
- (a) for the existing sub-rule (2), the following shall be substituted-
- "(2) The permission granted under sub-section (2) of section 13 and the orders issued under sub-section (3) of section 13 for delayed registration received by the Registrar, shall form an integral part of the birth register, death register and still birth register and shall not be destroyed."
- (b) in sub-rule (3), for the words, brackets and figure "sub-section (3)", the words, brackets and figures "sub-sections (2) and (3)" shall be substituted.
- 11.** In the principal rules, for the existing Forms 1, 1A, 2, 3, 4, 4A, 5, 6, 7, 8, 9, 10, 11, 12 and 13, the following Forms shall be substituted, namely :-

\* FORM NO. 1  
(See rule 5)  
**BIRTH REPORT**  
**Legal information**  
[SEE REVERSE FOR INSTRUCTIONS]  
*This part to be added to the Birth Register*

FORM NO. 1  
(See rule 5)  
**BIRTH REPORT**  
**Statistical information**  
[SEE REVERSE FOR INSTRUCTIONS]  
*This part to be detached and sent for statistical processing*

To be filled by the informant	To be detached and sent for statistical processing	To be filled by the informant								
1. Date of Birth : <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>		10. Town or Village of Residence of the mother (Place where the mother usually lives. This can be different from the place where the delivery occurred. Tick appropriate entry "Town" or "Village" and write its name): Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>								
2. Sex (Enter "Male" or "Female" or "Transgender person") :		11. For Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)") (a) Religion of Father: <input type="text"/> (b) Religion of Mother: <input type="text"/>								
3. Child's Details (If not named, leave blank) :- (a) Name, if any : <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text"/>		12. Father's level of education: 13. Mother's level of education:								
4. Father's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text"/> (c) Mobile No: <input type="text"/> (d) Email Id: <input type="text"/>		14. Father's Occupation: 15. Mother's Occupation:								
5. Mother's Details:- (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text"/> (c) Mobile No: <input type="text"/> (d) Email Id: <input type="text"/>		16. Age of the mother (in completed years) at the time of marriage (If married more than once, age at first marriage is to be written): 17. Age of the mother (in completed years) at the time of this birth :								
6. Address of parents at the time of Birth of the Child: <input type="text"/> House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>		18. Number of children born alive to the mother so far including this child (Number of children born alive include also those from earlier marriage(s), if any) : 19. Type of attention at delivery (Tick the appropriate entry below): 1. Institutional-Government 2. Institutional - Private or Non-Government 3. Doctor, Nurse or Trained Midwife 4. Traditional Birth Attendant 5. Relatives or others								
7. Permanent address of parents: House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>		20. Method of Delivery (Tick the appropriate entry below) 1. Natural 2. Caesarean 3. Forceps/Vacuum								
8. Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) : 1. Hospital / Institution      Name : <input type="text"/> 2. House      3. Other place      Address : <input type="text"/> House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>		21. Birth Weight (in kgs.) (if available) : 22. Duration of pregnancy (in weeks) :								
9. Informant's Details: (a) Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/> (b) Aadhaar No. (if available): <input type="text"/> (c) Mobile No: <input type="text"/> (d) Email Id: <input type="text"/> (e) Address : House No: <input type="text"/> Locality: <input type="text"/> Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>		(In the case of multiple births, fill in a separate form for each child and write 'Twin birth' or 'Triple birth' etc., as the case may be, in the remarks column in the box below left.)								
<b>DECLARATION:</b> <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. (After completing all columns 1 to 22, informant will put date and signature)										
Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Signature or left thumb mark of the informant		(Columns to be filled are over. Now put signature at left)								
To be filled by the Registrar										
Registration No. : <input type="text"/> Registration Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Registration Unit : <input type="text"/> Town / Village: <input type="text"/> Sub-District: <input type="text"/> District: <input type="text"/> Remarks (if any): <input type="text"/> Name and Signature of the Registrar: <input type="text"/>		To be filled by the Registrar <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Code No.</th> </tr> </thead> <tbody> <tr> <td>District</td> <td></td> </tr> <tr> <td>Sub-District</td> <td></td> </tr> <tr> <td>Town/Village :</td> <td></td> </tr> </tbody> </table> Registration Unit : <input type="text"/> Registration No. : <input type="text"/> Registration Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Date of Birth : <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> Sex : Male / Female / Transgender person Place of Birth: 1. Hospital/Institution 2. House 3. Other place	Name	Code No.	District		Sub-District		Town/Village :	
Name	Code No.									
District										
Sub-District										
Town/Village :										
Name and Signature of the Registrar: <input type="text"/>		Name and Signature of the Registrar: <input type="text"/>								

## Instructions for completing the Form 1: BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,9	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If child is not named, leave blank. Birth can be registered without name of the child. However, name of child can be inserted, free of charge, within 12 months of registration (Refer Rule 10 of State Rules)..																									
6,7,8,9	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
8	Tick the appropriate entry for place of birth 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
10	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
12,13	Level of Education – Write one of following— <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%;">1.Pre-Primary</td><td style="width: 25%;">6.Class 5</td><td style="width: 25%;">11.Class 10</td><td style="width: 25%;">16.. Bachelor Undergraduate</td><td style="width: 20%;">21. Literate without formal education</td></tr> <tr> <td>2.Class 1</td><td>7.Class 6</td><td>12.Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3.Class 2</td><td>8.Class 7</td><td>13.Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4.Class 3</td><td>9.Class 8</td><td>14.ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5.Class 4</td><td>10.Class 9</td><td>15.Diploma Certificate</td><td>20. Doctorate &amp; above</td><td></td></tr> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1.Pre-Primary	6.Class 5	11.Class 10	16.. Bachelor Undergraduate	21. Literate without formal education	2.Class 1	7.Class 6	12.Class 11	17. PG Diploma	22. Illiterate	3.Class 2	8.Class 7	13.Class 12	18. Master / Post graduate		4.Class 3	9.Class 8	14.ITI	19. M.Phil		5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above	
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4.Class 3	9.Class 8	14.ITI	19. M.Phil																							
5.Class 4	10.Class 9	15.Diploma Certificate	20. Doctorate & above																							
14, 15	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner(Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee(Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker																									

Note: The informant must ensure that no item in the Birth Report Form is left blank to the extent possible..

FORM NO.1A (Legal information) (See rule 5)  
BIRTH REPORT FOR ADOPTED CHILD  
[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Birth Register

To be filled by the informant

1. Date of Birth :

2. Sex (Enter "Male" or "Female" or "Transgender person") :

3. Child's details (If name is changed on adoption, write new name):-

(a) Name of the Child

(b) Aadhaar No. (if available):

4. Mother's Details (If known):-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

5. Father's Details (If known):-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. Details of adoption deed / order:-

(a) Date:

(b) Number of Adoption deed / order:

7. Adoptive Mother's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

8. Adoptive Father's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

9. Address of adoptive parents as recorded in Adoption deed / order: House No:   
Locality:  Ward number (in case of town and if available):   
Town or Village:  Sub-district:  District:   
State or Union Territory:  PIN Code:

10. Permanent address of adoptive parents: House No:  Locality:   
Ward number (in case of town and if available):   
Town or Village:  Sub-district:  District:   
State or Union Territory:  PIN Code:

11. Place of birth: (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the Institution or the address of the "House" or "Other place" where the birth took place):  
1. Hospital / Institution Name:   
2. House 3. Other place Address: House No.  Locality:   
Ward number (in case of town and if available):  Town or Village:   
Sub-district:  District:   
State or Union Territory:  PIN Code:

12. If adoption through agency write the address of the Adoption agency: House No:   
Locality:  Ward number (in case of town and if available):   
Town or Village:  Sub-district:  District:   
State or Union Territory:  PIN Code:

13. Informant's Details:-

(a) Name:

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

(e) Address: House No:  Locality:  Ward number (in case of town and if available):   
Town or Village:  Sub-district:  District:   
State or Union Territory:  PIN Code:   
\*As contained in the original birth certificate.

DECLARATION: ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

(After completing all columns 1 to 13, informant will put date and signature)

Date:           Signature or left thumb mark of the informant

To be filled by the Registrar

Registration No.

Registration Date:

Registration Unit:

Town / Village:  Sub-District:

District:

Remarks (if any):

Name and Signature of the Registrar:

FORM NO.1A Statistical information (See rule 5)  
BIRTH REPORT FOR ADOPTED CHILD  
[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

To be filled by the informant

14. For Religion [Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" "Buddhist" or "Jain" or "Other (Please specify)"]

(a) Religion of Adoptive Father:

(b) Religion of Adoptive Mother:

15. Adoptive Father's level of education:

16. Adoptive Mother's level of education:

17. Adoptive Father's Occupation:

18. Adoptive Mother's Occupation:

To be detached and sent for statistical processing

(Columns to be filled are over. Now put signature at left)

To be filled by the Registrar

District:  Name:  Code No:

Sub-District:

Town/Village:

Registration Unit:  Registration No:

Registration Date:

Date of Birth:

Sex: Male / Female / Transgender person

Place of Birth: 1. Hospital/Institution 2. House  
Other place

Name and Signature of the Registrar:

**Instructions for completing the Form 1A: BIRTH REPORT FOR ADOPTED CHILD**

Item No.	Instructions																									
1, 6	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. If date of birth is unknown, record the date of birth as reflected in adoption order or deed, as the case may be. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,5,7,8,13	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
9,10,11,12,13	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
15,16	<p>Level of Education – Write one of following—</p> <table border="1"> <tbody> <tr> <td>1. Pre-Primary</td><td>6. Class 5</td><td>11. Class 10</td><td>16. Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2. Class 1</td><td>7. Class 6</td><td>12. Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3. Class 2</td><td>8. Class 7</td><td>13. Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4. Class 3</td><td>9. Class 8</td><td>14. ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5. Class 4</td><td>10. Class 9</td><td>15. Diploma / Certificate</td><td>20. Doctorate &amp; above</td><td></td></tr> </tbody> </table> <p>(Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)</p>	1. Pre-Primary	6. Class 5	11. Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate	3. Class 2	8. Class 7	13. Class 12	18. Master / Post graduate		4. Class 3	9. Class 8	14. ITI	19. M.Phil		5. Class 4	10. Class 9	15. Diploma / Certificate	20. Doctorate & above	
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17,18	<p>Occupation - Write one of following—</p> <ol style="list-style-type: none"> <li>1. Cultivator</li> <li>2. Agriculture Labourer</li> <li>3. Daily Wages Earner (Other than Agriculture Labourer)</li> <li>4. Single/Family Worker/Self Employed</li> <li>5. Employer</li> <li>6. Government Employee</li> <li>7. Private Employee (Other than Domestic Helper)</li> <li>8. Domestic Helper</li> <li>9. Non-Worker</li> </ol>																									

Note: The informant responsible for reporting birth event of adopted child shall be as per the Registration of Births and Deaths Act, 1969 (amended in 2023).

The informant must ensure that no item in the form for Birth Report for Adopted Child is left blank to the extent possible.



FORM NO. 2 (See rule 5)

## DEATH REPORT

## Legal information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be added to the Death Register

FORM NO. 2 (See rule 5)

## DEATH REPORT

## Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

This part to be detached and sent for statistical processing

**To be filled by the informant**

1. Date of Death: DD MM YY

2. Deceased's Details:-

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No. (if available):

(c) Date of Birth (if available): DD MM YY

(d) Age:

3. Sex (Enter "Male" or "Female" or "Transgender person"):

4. Mother's Details:-

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

5. Father's Details:-

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

6. Spouse's (husband / wife) Details:-

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No. (if available):

(c) Date of Birth (if available): DD MM YY

(d) Age (in completed years):

(e) Mobile No:

(f) Email Id:

7. Address of the deceased at the time of death: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:

8. Permanent address of the deceased: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:

9. Place of death (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place):

1. Hospital / Institution Name: Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:

2. House 3. Other place

10. Informant's Details:-

(a) Name: First Name Middle Name Last Name

(b) Aadhaar No. (if available):

(c) Mobile No:

(d) Email Id:

(e) Address: House No: Locality: Ward number (in case of town and if available): Town or Village: Sub-district: District: State or Union Territory: PIN Code:

**DECLARATION:** ☐ I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.

☐ To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.

(After completing all columns 1 to 21, informant will put date and signature)

Date: DD MM YY Signature or left thumb mark of the informant

To be detached and sent for statistical processing

**To be filled by the informant**

11. Town or village of Residence of the deceased (Place where the deceased usually lived. This can be different from the place where the death occurred. Tick appropriate entry "Town" or "Village" and write its name): Town or Village: Sub-district: District: State or Union Territory: PIN Code:

12. Religion (Enter appropriate religion "Hindu" or "Muslim" or "Christian" or "Sikh" or "Buddhist" or "Jain" or "Other (Please specify)"): Religion:

13. Occupation of the deceased:

14. Type of Medical Attention received before death (Tick the appropriate entry below):

1. Institutional

2. Medical attention other than Institution

3. No Medical attention

15. Was the cause of death medically certified? (Tick appropriate entry below):

1. Yes 2. No

16. Name of Disease or Actual Cause of Death (For deaths irrespective of whether medically certified or not):

17. In case this is a female death, did the death occur while pregnant, at the time of delivery or within weeks after the end of pregnancy (Tick the appropriate entry below):

1. Yes 2. No

18. If used to habitually smoke – for how many years?

19. If used to habitually chew tobacco in any form – for how many years?

20. If used to habitually chew arecanut in any (including pan masala) – for how many years?

21. If used to habitually drink alcohol – for how many years?

(Columns to be filled are over. Now put signature at left)

**To be filled by the Registrar**

Registration No.:

Registration Date: DD MM YY

Registration Unit:

Town / Village:

Sub-District:

District:

Remarks (if any):

Cause of Death (as per Form 4 / 4A):

Name and Signature of the Registrar

**To be filled by the Registrar**

District: Name: Code No.:

Sub-District:

Town/Village:

Registration Unit:

Registration No.:

Registration Date: DD MM YY

Date of Death: DD MM YY

Sex: Male / Female / Transgender person

Age of deceased:

Place of death: 1. Hospital/Institution 2. House 3. Other

Name and Signature of the Registrar

## Instructions for completing the Form 2: DEATH REPORT

Item No.	Instructions
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other numerical entries.
2,4,5,6,10	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.
2(d)	If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months, and if below 1 month give age in completed number of days, and if below one day, in hours.
7,8,9,10	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.
9	For Place of death tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or 'Other place" where the death took place.
11	Town or Village of the Residence of the deceased: Place where the deceased usually lived. This can be different from the place where the death occurred. The house address is not required to be entered.
13	Occupation - Write one of following— 1. Cultivator 2. Agriculture Labourer 3. Daily Wages Earner (Other than Agriculture Labourer) 4. Single/Family Worker/Self Employed 5. Employer 6. Government Employee 7. Private Employee (Other than Domestic Helper) 8. Domestic Helper 9. Non-Worker

Note: The informant must ensure that no item in the Death Report Form is left blank to the extent possible.

FORM NO. 3

(See rule 5)

## STILL BIRTH REPORT

## Legal information

[SEE REVERSE FOR INSTRUCTIONS]

*This part to be added to the Still Birth Register*

FORM NO.3

(See rule 5)

# STILL BIRTH REPORT

## Statistical information

[SEE REVERSE FOR INSTRUCTIONS]

*This part to be detached and sent for statistical processing*

[illegible]

### Instructions for completing the Form 3: STILL BIRTH REPORT

Item No.	Instructions																									
1	Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0, 1, 2, 3, 4, 5, 6, 7, 8, 9 for recording dates and other numerical entries.																									
2	Enter "Male" or "Female" or "Transgender Person". Do not use abbreviation.																									
3,4,6	Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].																									
5,6	Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available), Locality, House number and PIN Code.																									
5	For Place of birth tick the appropriate entry 1. Hospital / Institution 2. House 3. Other place Give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place.																									
7	Town or Village of residence of the mother: Place where the mother usually lives. This can be different from the place where the delivery occurred. The house address is not required to be entered.																									
9	Level of Education – Write one of following— <table border="1"> <tbody> <tr> <td>1. Pre-Primary</td><td>6. Class 5</td><td>11. Class 10</td><td>16. Bachelor Undergraduate</td><td>21. Literate without formal education</td></tr> <tr> <td>2. Class 1</td><td>7. Class 6</td><td>12. Class 11</td><td>17. PG Diploma</td><td>22. Illiterate</td></tr> <tr> <td>3. Class 2</td><td>8. Class 7</td><td>13. Class 12</td><td>18. Master / Post graduate</td><td></td></tr> <tr> <td>4. Class 3</td><td>9. Class 8</td><td>14. ITI</td><td>19. M.Phil</td><td></td></tr> <tr> <td>5. Class 4</td><td>10. Class 9</td><td>15. Diploma Certificate</td><td>20. Doctorate &amp; above</td><td></td></tr> </tbody> </table> (Enter the completed level of education e.g. if studied upto class VII but passed only class VI, write class VI)	1. Pre-Primary	6. Class 5	11. Class 10	16. Bachelor Undergraduate	21. Literate without formal education	2. Class 1	7. Class 6	12. Class 11	17. PG Diploma	22. Illiterate	3. Class 2	8. Class 7	13. Class 12	18. Master / Post graduate		4. Class 3	9. Class 8	14. ITI	19. M.Phil		5. Class 4	10. Class 9	15. Diploma Certificate	20. Doctorate & above	
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4. Class 3	9. Class 8	14. ITI	19. M.Phil																							
5. Class 4	10. Class 9	15. Diploma Certificate	20. Doctorate & above																							
12.	Cause of foetal death – Write one of following— <table border="1"> <tbody> <tr> <td>1. Bleeding (Hemorrhage)</td><td>7. Diabetes in the mother</td><td>13. Infection in the mother Parvovirus B19</td></tr> <tr> <td>2. Problems with Placental</td><td>8. Infection in the mother Coxsackie virus</td><td>14. Infection in the mother Q fever</td></tr> <tr> <td>3. Problem with umbilical cord</td><td>9. Infection in the mother Herpes simplex</td><td>15. Infection in the mother Rubella (German measles)</td></tr> <tr> <td>4. Pre-eclampsia</td><td>10. Infection in the mother Leptospirosis</td><td>16. Infection in the mother Flu</td></tr> <tr> <td>5. Genetic physical defect in the baby</td><td>11. Infection in the mother Lyme disease</td><td>17. Infection in the mother Toxoplasmosis</td></tr> <tr> <td>6. Liver disorder in the mother (obstetric cholestasis)</td><td>12. Infection in the mother Malaria</td><td>18. Not stated</td></tr> </tbody> </table>	1. Bleeding (Hemorrhage)	7. Diabetes in the mother	13. Infection in the mother Parvovirus B19	2. Problems with Placental	8. Infection in the mother Coxsackie virus	14. Infection in the mother Q fever	3. Problem with umbilical cord	9. Infection in the mother Herpes simplex	15. Infection in the mother Rubella (German measles)	4. Pre-eclampsia	10. Infection in the mother Leptospirosis	16. Infection in the mother Flu	5. Genetic physical defect in the baby	11. Infection in the mother Lyme disease	17. Infection in the mother Toxoplasmosis	6. Liver disorder in the mother (obstetric cholestasis)	12. Infection in the mother Malaria	18. Not stated							
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Note: The informant must ensure that no item in the Still Birth Report Form is left blank to the extent possible.

FORM NO. 4

(See rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(Hospital In-patients. Not to be used for still births)

To be sent to Registrar along with Form No. 2 (Death Report)

A copy of this certificate to be provided to the nearest relative of the deceased

Name of the Hospital .....

I hereby certify that the person whose particulars are given below died in the hospital in Ward No. ....

on 

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 at ..... A.M./P.M.

<b>NAME OF DECEASED:</b>		First Name	Middle Name	Last Name	For use of Statistical Office
Sex	Age at Death				
	If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	If less than one day, age in hours	
1. Male 2. Female 3. Transgender person					
<b>CAUSE OF DEATH</b>					Interval between onset and death approx.
<b>I</b> Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc.					
(a) ..... due to (or as a consequences of)					
Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last					
(b) ..... due to (or as a consequences of)					
(c) ..... <b>II</b> Other significant conditions contributing to the death but not related to the disease or condition causing it					

**Manner of Death**

How did the injury occur?

1. Natural 2. Accident 3. Suicide 4. Homicide  
5. Pending investigation

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No  
If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Attendant certifying the cause of death

Date of verification :

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

SEE REVERSE FOR INSTRUCTIONS

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**MEDICAL CERTIFICATE OF CAUSE OF DEATH****Directions for completing the form**

**Name of deceased :** To be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name], if deceased is an infant, not yet named at time of death, leave blank.

**Age :** If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

**Cause of Death :** This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a) (b) (c) If a single morbid condition completely explains the deaths, then this will be written on line, (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I(a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other, cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effect of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being misread.

**Onset :** Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

**Accidental or violent deaths :** Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia; (b) Fracture of

neck of femur; (c) Fall from ladder at home.

**Maternal deaths** : Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

**Old age or senility** : Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

**Completeness of information** : A complete case history is not wanted, but, if the information is available, enough-details should be given to enable the underlying cause to be properly classified.

**Example : Anaemia** - Give type of anaemia, if known. *Neoplasm* - Indicate whether benign or malignant, and site, with site of primary neoplasm whenever possible. *Heart disease* - Describe the condition specifically; if congestive heart failure, chronic on pulmonale etc are mentioned, give the antecedent conditions. *Tetanus* - Describe the antecedent injury, if known. *Operation* -State the condition for which the operation was performed. *Dysentery* - Specify whether bacillary, amoebic, etc.. if known. *Complication of pregnancy or delivery* - Describe the complication specifically. *Tuberculosis* - Give organs affected.

**Symptomatic statement** : Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

**Manner of Death** : Deaths not due to external cause should be identified as 'Natural' if the cause of death is known but it is not known whether it was the result of an accident, suicide or homicide and is subject to further investigation, the cause of death should invariably filled in and the manner of death should be shown as 'Pending investigation'.

In accordance with the provisions of section 10(2) of the Registration of Births and Deaths-Act, 1969.(amended in 2023), a certificate of cause of death shall be given to the Registrar and a copy of the same to the nearest relative of the deceased.

**FORM NO. 4A**

(See rule 7)

**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

(For non-institutional deaths. Not to be used for still births)

(To be given to the person required under the Registration of Births and Deaths Act, 1969 (amended in 2023) to give information concerning the death to Registrar along with Form No. 2 (Death Report)

I hereby certify that the deceased Shri/Smt./Km. .... Son /Wife/ Daughter of ..... resident of ..... was under my treatment from ..... to ..... and he/she died

on             at ..... AM / P M

NAME OF DECEASED:		Age at Death			For use of Statistical Office
Sex		If 1 year or more, age in years	If less than 1 year, age in month	If less than one month, age in days	
1. Male 2. Female 3. Transgender Person					
<b>CAUSE OF DEATH</b> I Immediate cause State the disease, injury or complication which caused death, not the mode of dying such as heart failure, asthenia, etc. Antecedent cause Morbid conditions, if any, giving rise to the above cause, stating underlying conditions last II Other significant conditions contributing to the death but not related to the disease or condition causing it					Interval between onset and death approx.

If deceased was a female, was pregnancy the death associated with? 1. Yes 2. No

If yes, was there a delivery? 1. Yes 2. No

Name and signature of the Medical Practitioner certifying the cause of death

Date of verification :

SEE REVERSE FOR INSTRUCTIONS



**MEDICAL CERTIFICATE OF CAUSE OF DEATH**

Directions for completing the form

**Name of deceased :** To be provided in the following format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name]. If deceased is an infant, not yet named at time of death, leave blank.

**Age :** If the deceased was over 1 year of age, give age in completed years. If the deceased was below 1 year of age, give age in months and if below 1 month give age in completed number of days, and if below one day, in hours.

**Cause of Death :** This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, -I and II. Part I is again divided into three parts, lines (a) (b) (c) If a single morbid condition completely explains the deaths, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II, for example, smallpox, lobar pneumonia, cardiac beriberi, are sufficient cause of death and usually nothing more is needed.

Often, however, a number of morbid-conditions will have been present at death, and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other cause. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death If so, line (c) will be completed. The underlying cause to be tabulated is always written in last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line. Please write the names of the diseases (in full) in the certificates as legibly, as possible to avoid the risk of their being misread.

**Onset :** Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth" "several years".

**Accidental or violent deaths :** Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is shown. Example : (a) Hypostatic pneumonia, (b) Fracture of neck of femur; (c) Fall from ladder at home.

**Maternal deaths :** Be sure to answer the question on pregnancy and delivery. This information is needed for all women of child-bearing age, even though the pregnancy may have had nothing to do with the death.

**Old age or senility :** Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example : (a) Chronic bronchitis, II old age.

**Completeness of information :** A complete case-history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

**Example :** **Anaemia** - Give type of anaemia, if known. **Neoplasm** - Indicate whether benign or malignant, and site, with site of primary neoplasm whenever possible, **Heart disease** - Describe the condition specifically; if congestive heart failure, chronic on pulmonale etc., are mentioned, give the antecedent conditions. **Tetanus** - Describe the antecedent injury, if known. **Operation** - State the condition for which the operation was performed. **Dysentery** - Specify whether bacillary, amoebic, etc., if known. **Complications of pregnancy or delivery** - Describe the complication specifically **Tuberculosis** - Give organs affected.

**Symptomatic statement :** Convulsions, diarrhea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

In accordance with the provisions of section 10(3) of the Registration of Births and Deaths Act, 1969 (amended in 2023), a certificate of cause of death shall be given to the person required under this Act to give information concerning the death.



Permanent address of the deceased:

.....  
 N̄d̄u, d̄o "IŪÂd̄ çd̄u\*Ūd̄d̄/Registration No :.....N̄d̄u, d̄o "IŪÂd̄ दिनांक/Date of  
 Registration.....

ò¼N̄N̄d̄Âd̄d̄/Remarks (if any).....

d̄d̄Ūd̄ "IŪd̄d̄÷ "iô d̄Âd̄d̄Æd̄/Date of issue:.....

N̄B̄d̄d̄iô "iôŪd̄ "÷î èçÂd̄d̄êd̄Ū/Signature of the issuing  
 authority

N̄B̄d̄d̄iô "iôŪd̄ "iô N̄d̄Âd̄d̄/ Address of the issuing authority  
 Ūd̄d̄÷èŪ/Seal

N̄B̄ÂŪd̄÷ "I, d̄d̄Ūd̄ ; d̄d̄Ūd̄ p̄Ūd̄d̄ÂŪd̄d̄ "iô N̄d̄u, d̄o "IŪÂd̄ çd̄d̄d̄d̄d̄d̄d̄d̄d̄ "IŪ÷Ū/ Ensure registration  
 of every birth and death.

FORM NO.7

(See rule 12)

### BIRTH REGISTER Legal information

*This part to be added to the Birth Register*

To be filled by the informant	
1.	Date of Birth: <input type="text" value="DD - MM - YYYY"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	Child's Details (If not named, leave blank) :-
(a)	Name, if any : <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
4.	Father's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
(c)	Mobile No: <input type="text" value="Mobile No."/>
(d)	Email Id: <input type="text" value="Email Id"/>
5.	Mother's Details:-
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
(c)	Mobile No: <input type="text" value="Mobile No."/>
(d)	Email Id: <input type="text" value="Email Id"/>
6.	Address of parents at the time of Birth of the Child: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/>
7.	Permanent address of parents: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/>
8.	Place of birth (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) : 1. Hospital / Institution Name : _____ 2. House 3. Other place Address : House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/>
9.	Informant's Details:
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text" value="Aadhaar No."/>
(c)	Mobile No: <input type="text" value="Mobile No."/>
(d)	Email Id: <input type="text" value="Email Id"/>
(e)	Address : House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <input type="text" value="PIN Code"/>
<b>DECLARATION:</b> <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication. (After completing all columns 1 to 23, informant will put date and signature)	
Date: <input type="text" value="DD - MM - YYYY"/>	Signature or left thumb mark of the informant

To be filled by the Registrar	
Registration No.	
Registration Date:	<div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
Registration Unit :	
Town / Village:	
Sub-District:	
District:	
Remarks ( if any):	

Name and Signature of the Registrar

FORM NO.8

(See rule 12)

**DEATH REGISTER****Legal information***This part to be added to the Death Register*

To be filled by the informant	
1.	<b>Date of Death</b> <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
2.	<b>Deceased's Details:-</b>
(a)	Name: <div style="border: 1px solid black; padding: 2px;">First Name Middle Name Last Name</div>
(b)	Aadhaar No. (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(c)	Date of Birth (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(d)	Age:
3.	Sex (Enter "Male" or "Female" or "Transgender person") :
	<b>Mother's Details:-</b>
(a)	Name: <div style="border: 1px solid black; padding: 2px;">First Name Middle Name Last Name</div>
(b)	Aadhaar No. (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(c)	Mobile No: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(d)	Email Id:
5.	<b>Father's Details:-</b>
(a)	Name: <div style="border: 1px solid black; padding: 2px;">First Name Middle Name Last Name</div>
(b)	Aadhaar No. (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(c)	Mobile No: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(d)	Email Id:
6.	<b>Spouse's (husband / wife) Details:-</b>
(a)	Name: <div style="border: 1px solid black; padding: 2px;">First Name Middle Name Last Name</div>
(b)	Aadhaar No. (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(c)	Date of Birth (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(d)	Age (in completed years):
(e)	Mobile No: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(f)	Email Id:
7.	<b>Address of the deceased at the time of death:</b> House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
8.	<b>Permanent address of the deceased:</b> House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
9.	<b>Place of death</b> (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the death took place): 1. Hospital / Institution Name: _____ 2. House Address: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div> 3. Other place Address: House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
10.	<b>Informant's Details:-</b>
(a)	Name: <div style="border: 1px solid black; padding: 2px;">First Name Middle Name Last Name</div>
(b)	Aadhaar No. (if available): <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(c)	Mobile No: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
(d)	Email Id:
(e)	Address : House No: _____ Locality: _____ Ward number (in case of town and if available): _____ Town or Village: _____ Sub-district: _____ District: _____ State or Union Territory: _____ PIN Code: <div style="border: 1px solid black; padding: 2px;">D D M M Y Y Y Y</div>
<b>DECLARATION:</b> <input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.	
<input type="checkbox"/> To the best of my knowledge and information, the detail of Aadhaar of the deceased is not available.	
(After completing all columns 1 to 21, informant will put date and signature)	

Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	Signature or left thumb mark of the informant
<i>To be filled by the Registrar</i>	
Registration No. <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	
Registration Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	
Registration Unit: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	
Town / Village: <input type="text"/>	Sub-District: <input type="text"/> District: <input type="text"/>
Remarks (if any): Cause of death (As per Form 4 / 4A):	
Name and Signature of the Registrar	

**FORM NO.9**  
(See rule 12)  
**STILL BIRTH REGISTER**  
**Legal information**  
*This part to be added to the Still Birth Register*

<i>To be filled by the informant</i>	
1.	Date of Birth : <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>
2.	Sex (Enter "Male" or "Female" or "Transgender person") :
3.	<b>Father's Details:-</b>
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text"/>
(c)	Mobile No: <input type="text"/>
(d)	Email Id: <input type="text"/>
4.	<b>Mother's Details:-</b>
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text"/>
(c)	Mobile No: <input type="text"/>
(d)	Email Id: <input type="text"/>
5.	<b>Place of birth</b> (Tick the appropriate entry 1 or 2 or 3 below and give the name and address of the "Hospital / Institution" or the address of the "House" or "Other place" where the birth took place) :
	1. Hospital / Institution      Name : <input type="text"/> Locality: <input type="text"/>
	2. House      3. Other place      Address : <input type="text"/> House No. <input type="text"/> Locality: <input type="text"/>
	Ward number (in case of town and if available): <input type="text"/> Town or Village: <input type="text"/>
	Sub-district: <input type="text"/> District: <input type="text"/>
	State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>
6.	<b>Informant's Details:-</b>
(a)	Name: <input type="text" value="First Name"/> <input type="text" value="Middle Name"/> <input type="text" value="Last Name"/>
(b)	Aadhaar No. (if available): <input type="text"/>
(c)	Mobile No: <input type="text"/>
(d)	Email Id: <input type="text"/>
(e)	<b>Address :</b> House No: <input type="text"/> Ward number (in case of town and if available): <input type="text"/>
	Locality: <input type="text"/> Sub-district: <input type="text"/> District: <input type="text"/>
	Town or Village: <input type="text"/> State or Union Territory: <input type="text"/> PIN Code: <input type="text"/>
<b>DECLARATION:</b>	
<input type="checkbox"/> I have furnished true information to the best of my knowledge and belief. I am aware of the penalties under section 23 of the Registration of Births and Deaths Act, 1969 (amended in 2023) for submitting false information. Also, I give consent, under Aadhaar (Targeted Delivery of Financial and Other Subsidies, benefits and Services) Act, 2016, for authenticating identity by way of Aadhaar authentication.	
<i>(After completing all columns 1 to 12, informant will put date and signature)</i>	
Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	Signature or left thumb mark of the informant
<i>To be filled by the Registrar</i>	
Registration No. <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	
Registration Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	
Registration Unit: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	
Town / Village: <input type="text"/>	
Sub-District: <input type="text"/>	
District: <input type="text"/>	
Remarks (if any):	
Name and Signature of the Registrar	

**FORM No.10***(See rule 13)***NON-AVAILABILITY CERTIFICATE***(Issued under Section 17 of the Registration of Births & Deaths Act, 1969 (amended in 2023))*

This is to certify that a search has been made on the request of  
Shri/Smt./Kum..... son/wife/daughter of  
..... in the registration records for the year(s)  
..... relating to *(Local area)*..... of  
*(Sub-District)*..... of *(District)* .....of  
*(State)*..... and found that the event relating to the birth/death of .....  
son/daughter of ..... was not registered.

Date : 

d	d	-	m	m	-	y	y	y	y
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Signature of issuing authority

Seal

**FORM No. 11 (See rule 14)****SUMMARY MONTHLY REPORT OF BIRTHS**

1. Report for the Month of : \_\_\_\_\_ Year : \_\_\_\_\_
2. District :
3. Town/Village :
4. Registration Unit :
5. Number of Births Registered during the month :

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)

6. Time Gap in Birth registration :

- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total\* (a + b + c + d):

\* Total should be equal to the number of statistical part of Birth Report Forms (Form No. 1) attached with this monthly report.

Date : 

d	d	-	m	m	-	y	y	y	y
---	---	---	---	---	---	---	---	---	---

Signature and Name  
of the Registrar

Submitted to the Chief Registrar/District Registrar



**FORM No. 12 (See rule 14)****SUMMARY MONTHLY REPORT OF DEATHS**

1. Report for the Month of : \_\_\_\_\_ Year : \_\_\_\_\_
2. District :
3. Town/Village :
4. Registration Unit :
5. Details of Deaths Registered during the month :

Deaths (Including all Infant deaths & Child Deaths & Maternal Deaths)				Infants Deaths (Age less than one year)				Child Deaths (Age one year or more but less than five years)				Maternal Deaths
Male	Female	Transgender Person	Total*	Male	Female	Transgender Person	Total	Male	Female	Transgender Person	Total	

## 6. Time Gap in Death registration;

- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total\* (a + b + c + d):

Note: Infant and Child Deaths &amp; Maternal Deaths should also be included in the Deaths.

\* Total should be equal to the number of statistical part of Death Report Forms (Form No.2) attached with this monthly report.

Date : 

d	d	-	m	m	-	y	y	y	y
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Signature and Name  
of the Registrar

Submitted to the Chief Registrar/District Registrar

**FORM No. 13 (See rule 14)****SUMMARY MONTHLY REPORT OF STILL BIRTHS**

1. Report for the Month of : \_\_\_\_\_ Year : \_\_\_\_\_
2. District :
3. Town/Village :
4. Registration Unit :
5. Number of Still Births Registered during the month :

Male (1)	Female (2)	Transgender Person (3)	Total* (1+2+3)

6. Time Gap in Birth registration:

- (a) Within Time limit (21 days) of their occurrence:
- (b) More than 21 days but within 30 days of their occurrence:
- (c) More than 30 days but within one year of their occurrence:
- (d) After one year of their occurrence:

Total\* (a + b + c + d):

\* Total should be equal to the number of statistical part of Still Birth Report Forms (Form No. 1) attached with this monthly report.

Date : 

d	d	-	m	m	-	y	y	y	y
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Signature and Name  
of the Registrar

Submitted to the Chief Registrar/District Registrar

Form No. 14

(See rule 9)

**Format of Self-attested document for Delayed Reporting of BIRTH / DEATH under Section 13(2) of the Registration of Births and Deaths Act, 1969 (amended in 2023)****DECLARATION**

I .....son/daughter/wife .....of  
 ..... resident of .....

do hereby declare that :

1. I am the informat for the delayed reporting of Birth/Death of ..... (name of child deceased ..... son/daughter/spouse of .....;
2. He/she was born/died on ..... (date of birth death) ..... at (place of birth death) .....
3. He/she was attended at birth/death by ..... who resides at .....
4. The reason(s) for the delay in reporting of his/her birth/death are .....
5. His/her birth/death certificate is required for the purpose of .....

Declaration :

☐ I, declare that the above information is true and I have not reported the above event to any Registrar and no birth / death certificate has been issued in this respect, to the best of my knowledge and belief.

Name and Signature or  
thumb mark of the informant

Date

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Notes:

1. Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is date in two digits, mm is month in two digits and yyyy is year in four digits. Wherever the date is written in words it should be written in full e.g 01-01-2023 shall be written as First January two thousand twenty three. Use only 'Arabic numerals' such as 0,1,2,3,4,5,6,7,8,9 for recording dates and other-numerical entries.
- 2.. Name, wherever it occurs, is to be provided in the format of [first name] [middle name] [last name] where full name (not abbreviation) to be written in capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] or [last name].
3. Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village. Ward number (in case of town and if available). Locality, House number and PIN Code.

Form No. 15

(See rule 16 A)

**FORM FOR APPEAL**

(To be submitted to District Registrar /Chief Registrar)  
(under Section 25(A) of the Registration of Births and Deaths Act, 1969 (amended in 2023))

**1. Aggrieved by an action or order of:** Registrar / District Registrar or any officer authorized to act as Registrar / District Registrar (details of office to be provided as below )

State	District	Sub-District	Village/Town	Locality	RUID	Name of Registrar/Distt. Registrar or any officer authorized to act as Registrar/District Registrar

**2.. Account of Event Leading to appeal with date and order no. etc.**

( Provided a detailed account of the occurrence, use attachments, if necessary)

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Declaration :

☐ I have furnished true information to the best of my knowledge and belief.

(Signature of the appellant)

Date

D	D	-	M	M	-	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

**Appellant details :**

Name	Address	Adhaar No.	Email Id	Mobile No.

Notes:

- Please retain a copy of this form for your own records.
- Appeal, if any, must be submitted to District Registrar / Chief Registrar within a period of 30 days from the date of such action or receipt of such order with which the person is being aggrieved.
- Date, wherever it occurs, is to be provided in dd-mm-yyyy format, where dd is the date in two digits, mm is the month in two digits and yyyy is the year in four digits. Wherever the date is written in words it should be written in full e.g. 01-01-2023 shall be written as First January two thousand twenty three. Use only ' Arabic numerals such as 0, 1,2,3, 4, 5, 6, 7, 8, 9, for recording dates and other numerical entries.
- Name, wherever it occurs, in Forms referred is to be provided in the format of (first name) (middle name) (last name) where full name (not abbreviation) to be written in the capital letters and first name is mandatory. There should be minimum two characters in either [first name] or [middle name] [last name].
- Address, wherever it occurs, shall contain the name of State or Union Territory, District, Sub-district, Town or Village, Ward number (in case of town and if available, Locality, House number and PIN Code."

**JORAM BEDA,**

Commissioner & Secretary to the Govt. of Meghalaya,  
Health & Family Welfare Department.